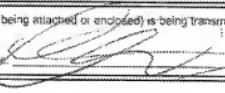


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).J)		Docket Number (Optional): K2100.0001		
Application Number	10/588,888-Conf. #7334	Filed: November 6, 2006		
For SUPPORT ACCUMULATING IN INJURED PART IN VASCULAR CHANNEL				
Art. Unit	1632	Examiner: M.S. Noble		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee: \$130	Small Entity Fee: \$65	\$ 65.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee: \$490	Small Entity Fee: \$245	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee: \$1110	Small Entity Fee: \$555	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee: \$1730	Small Entity Fee: \$865	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee: \$2350	Small Entity Fee: \$1175	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2215</u> .				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the <input type="checkbox"/> applicant/inventor.				
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>55,749</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34				
 Signature			June 10, 2010	
Cindy Yang			Telephone Number: (212) 277-6549	
Typed or printed name				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).

Dated: 6/10/10Signature: 

(Cindy Yang)